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Rational Distribution and Use of Military-Medical Resources.

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The support of resources, including assessment of needs, the structure of the acquisition system, and the distribution and utilization of medical goods are among the most urgent problems of the military health care in Ukraine. The often ineffective performance of the military-medical service is due to the rigid, inflexible health resources system. A second negative factor is the irrational distribution of the limited resources, particular of the funds for the treatment of patients. The discrepancies can be explained by the high disease incident rates among military personnel. A third negative factor is the inadequate system of military-medical system financing, which does not allow the commanders to spend money on measures promoting the health of personnel.

The paper describes the scope and essence of the current reform of distribution system and of the use of medical resources in the Ukraine Armed Forces. We will try to answer the following questions:

1. How can the leadership of the military-medical service develop strategies for a more rational distribution and utilization of military-medical resources?
2. What role do the managerial bodies of the military-medical system play in undertaking the reform of the health resource system?

The construction and development program of the Ukraine Armed Forces is based on the following premises:

- autonomy of the distribution and utilization of medical resources;
- division of the management into two branches: administrative and operative;
- combination of the management and the medical activities in the military-medical establishments (military hospital, military-medical center);
- decentralization of budget responsibilities and modification of the military-medical finance system.

As the primary step in the reform program was the development of a classification system for the distribution of the military-medical resources distribution in the Ukraine Armed Forces. Two basic types of resources can be distinguished:

Category A is funding is intended to maintain the professional health of military personnel through: (a) the maintenance of occupational health; (b) providing spiritual and social-economic comfort as well as professional motivation; (c) prevention of acute, cumulative and remote occupational pathology; (d) installment of a sufficient level of functional reserves.

Category B funding is intended to provide accessible, modern and high quality medical care corresponding to the national standard. There are three subcategories of funding:

- (a) medical support of military personnel;
- (b) medical care for retired personnel of the Ministry of Defense;
- (c) medical care to the families of military personnel.

The distribution of the military medical budget expenses is shown in table 1.

Table 1.

Type of expense	Target	Budget source
Medical examination of conscripts	Quality selection of health personnel	Ministry of Defense (MOD)
Protection from hazardous factors of military work	Medical measures to maintain servicemen health and working capability	MOD
Temporary loss of working capability	Medical treatment and rehabilitation	Ministry of social protection, MOD
Retired aged servicemen	Free medical care	MOD, Ministry of Health (MOH)
Servicemen families benefits	Free medical care	MOH, MOD

There can be no doubt that the management responsible for health resourcing should consider the distribution of responsibilities between the commander, the medical service and the military medical personnel. The medical service can only be made responsible for medical preventive measures, diagnostics and the treatment of diseases and traumas. A key problem in the development of the new model of the military medical system is how to define mechanisms which will help to shift from a deficiency to a priority principle in financing. We are convinced that such a mechanism could be a social contract between the law-making and executive powers, and the citizens, which complies with the State standards for professional health and medical care. The standard of professional health, as approved by the legislative body, would then become the criterion for combat readiness of the Armed Forces in terms of human factors, and the standard of medical care would guarantee each citizen of the country adequate medical care and legal protection of his /her right in court.

To achieve a rational distribution and use of the military-medical resources, the following measures should be taken:

- to align the number of treatment facilities, their staff and supply the available budget;
- to implement a progressively layered territorial system of medical treatment and care;

- to promote setting up military-medical facilities which provide paid medical service to the population;

- to organize a flexible and cost effective system of medical supply, which combines centralized and decentralized principles for the acquisition of medical equipment, means and pharmaceuticals.

The general principles, requirements and standards of professional health and the medical support system of the Armed Forces for any kind of their activity, should be regulated by a medical law. If this is approved, the State standards will become the basic principle which will determine the necessary amount of military-medical resources and the distribution principles.

A significant aspect of the development of the new model of the military-medical system is the organizational innovation, which includes a revision of the supervisory role of the command body of the military-medical service in providing a rational distribution of health resources.

What did we manage to do?

- we combined outpatient and inpatient clinics in single treatment facilities, which allows for a more rational use of medical personnel and equipment;

- we have implemented flexible norms for diagnostic and curative procedures, and for the planning of the use of resources;

- we have established military-medical centers where three levels of medical care function under a single leadership;

- we have implemented medico-economical standards for patient examination.

- we have introduced strict guidelines for hospital admission and discharge, and have implemented pharmacological forms for all types of medical care.

We suggest that a complete success of the planned program is only possible when the Ukraine health protection system is reorganized as a whole. However, is outside the competence the of military-medical service.

These reorganizations are primarily directed at establishing an independent structure for the professional management of military medical support and for the decentralization of the military medical service.

It is the time now to approve the new status of the military-medical system as a separate service of the Armed Service with its own staff policy, managerial structure, finance, medical and material supply.

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